

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		64181	1-8-60
O.I.P.E. CLASSIFIER		10	1-19-60
FORMALITY REVIEW		71531	2-1-60
RESPONSE FORMALITY REVIEW		71531	3-29-60

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/20/60
2	8/20/60
3	8/20/60
4	8/20/60
5	8/20/60
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8	8/20/60
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49	8/20/60
50	8/20/60

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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